



159812

**REQUEST FOR AMENDMENT OF
PROTECTED HEALTH INFORMATION (PHI)**

Patient ID

Individual Name: _____

Birth Date: _____

Individual Health Record Number: _____

SS#: _____

Individual Address: _____

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

Name: _____

Address: _____

Signature of Individual or personal representative

Date

(For MHCS Use Only)

Date request received: _____

Amendment has been *Approved* *Denied*

If denied, check reason for denial:

- PHI was not created by MHCS
- PHI is not part of individual's designated record set
- PHI is not available to the individual for inspection as required by federal law (e.g., psychotherapy notes)
- PHI is accurate and complete

Comments of Health Care Practitioner: _____

Signature of Individual or personal representative

Date